

Born in Cleveland ☒ YES ☐ NO

THE CLEVELAND MUSEUM OF ART
FORTY-FIFTH ANNUAL EXHIBITION OF WORK BY ARTISTS AND CRAFTSMEN OF THE WESTERN RESERVE
MAY 8 to JUNE 16, 1963

PLEASE
LETTER
PLAINLY
OR TYPE

Collaborator if any _____ Artist D. JOSEPH MIKOLAY
FIRST NAME LAST NAME
Address 12039 EDGEWATER DR. LAKEWOOD, OH. CUYAHOGA Tel. AC-8-0180
NO. STREET CITY ZONE COUNTY

Out-of-town residents should state whether return shipment is required. ☐ YES ☐ NO

Please enclose Registration Fee of \$2.00 (Check or Money Order) with Entry Blank..

NUMBER FOR SALE	NUMBER IN EDITION (Graphic Prts.)	PRICE	TITLE	MEDIUM	CLASS	DO NOT WRITE IN THESE COLUMNS	
UNIQUE	100 th		LANDSCAPE	OIL	1		
UNIQUE	175 th		FIGURE COMPOSITION	OIL	1		
UNIQUE	155 th		INTERMISSION	OIL	1		
UNIQUE	75 th		COVERED JAR COBALT DESIGN	STONEWARE	7	2948	
UNIQUE	95 th		STONEWARE PLATE	STONEWARE	7	2949	
UNIQUE	50 th		STONEWARE COVERED JAR	STONEWARE	7	2950	

SUBMIT ENTRY BLANK NO LATER THAN MARCH 11, 1963.

Use second blank if required

IMPORTANT

This entry blank must be fully made out, (typewritten or plainly printed) and signed.
Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the
Museum will have the right to dispose for its own account any entry not called for by
July 25, 1963.

The submission of entries will be construed as acceptance of all conditions printed
in this entry blank.

REC'D MAR 11 1963

D. Joseph Mikolay
SIGNATURE